

Department of Health and Mental Hygiene
Alcohol and Drug Abuse Administration
S. Anthony McCann, Secretary
Peter F. Luongo, Ph.D., Director

OVERVIEW

The ADAA continues to move the publicly funded prevention, intervention and treatment system forward emphasizing planning, information based decision making, increased use of technology and business practice reforms.

Some selected highlights:

- Introduced the concept of “pay for performance” into the grant and contracting process with an emphasis on successful treatment outcomes.
- Emphasized treatment alternatives to incarceration for those amenable to intervention and provided over \$26m. for residential treatment for offenders involved in the criminal justice system.
- Standardized assessment and placement decisions for court committed offenders and brought the process on-line with the automated information management system.
- Increased accountability and quality outcomes with an improved patient-level information management system.
- Placed focus on prevention, intervention, and treatment efforts that have a proven record of success through Model Program Initiatives and Management for Results.
- Improved access to, and increased the capacity for long term residential treatment for individuals with co-occurring substance use and mental illness disorders, pregnant and postpartum women and their infants and young children and offenders
- Improved the effectiveness of local programs by providing technical assistance to the local drug and alcohol abuse councils.
- Implemented the next generation web-based automated patient information system, including an electronic patient record on February 6, 2006 with roll out continuing state wide throughout FY 06.

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Response to Recommended Actions

Recommended Action 1: **\$40,000 SF**
Reduce contractual employment spending to most recent actual.

Response:
The Department agrees with the recommendation.

Recommended Action 2: **\$54,000 GF**
Delete funding for “Get the Message” program

Response:
The Department disagrees with the recommendation. Although the program is not a CSAP Model Prevention Program, CSAP has established a process to evaluate new programs for inclusion on the national Registry of Promising and Effective Prevention Programs. The ADAA will require that “Get the Message” submit the program protocol to CSAP for evaluation and possible inclusion on the national registry.

Recommended Action 3: **\$550,000 SF**
Reduce funding for prior year grant activity.

Response:
The Department agrees with the recommendation, provided that additional Special Funds can be created by budget amendment, if needed.

Recommended Action 4: **\$695,000 GF**
Reduce funding for program expansion set by locally determined priorities by deferring the start of the initiative for three months to reflect start-up delays.

Response:
The Department disagrees with the recommendation. Jurisdictions have submitted drug and alcohol strategic plans and have indicated priorities for use of new funds. The planning process is, in part, designed to eliminate delays in the start of initiatives and ensure full utilization of funds. Delay in start up funding is no longer necessary.

Recommended Action 5:

The committees request the Alcohol and Drug Abuse Administration (ADAA) in cooperation with local drug and alcohol abuse councils, to develop a funding formula for the distribution of locally awarded substance abuse treatment and prevention funding, a strategy and timetable for implementing that formula, and the funding changes required to support implementation.

Response:

The Department disagrees with the recommendation. The issue of an equitable distribution of state prevention and treatment funds to jurisdictions is important, as well as, contentious. The *2003 Joint Chairman's Report* (JCR) provides a detailed overview of the four funding methods currently in use and the actual allocation to each jurisdiction. The report also details the effect of applying a formula to redistribute allocations to each jurisdiction. Proposed allocations to each jurisdiction changed, in some cases, substantially,

The Department suggests a change in the process recommended by DLS. If committee narrative is to be adopted it should request that the Governor's Drug and Alcohol Council develop a funding formula in consultation with the local drug and alcohol councils as well as the strategy and timetable for implementing the formula. Principal departments and offices of the executive branch, as well as members of the legislative and judicial branches and the public at large are members of the Council. A special committee of the Council with members drawn from local drug and alcohol councils is the appropriate venue for this study.

The timeframe for a report to the legislature should be adjusted, too. The proposed timeline is too short to accomplish the task. A report date of June, 2007 is more realistic.

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Response to Issues

Legislative Issue I:

ADAA should be prepared to discuss what other performance measures it might add to the statewide contracts and a possible time frame for requiring similar performance incentives to be added into other contracts supported by ADAA grants.

Response:

The statewide contracts recently executed are for an initial 15 month term with two consecutive one year options. These contracts are the result of competitive procurement, and no further performance incentives will be added during the base or option years. When these services are re-bid, it is anticipated that at least one additional performance measure, employment, will be added.

The ADAA grants to local jurisdictions are contracts. These grants do have performance standards and measures as conditions of award. The Managing for Results process (MFR) provides the benchmarks and measures. These measures include retention in treatment, completion of care, continuity of care, reduction in substance use, increase in employment, and decrease in arrest. Using these standards to measure program performance, jurisdictions have changed providers for FY 06, shifting funds based on program performance and patient outcomes (Montgomery and Baltimore counties are two examples). For FY 07, with performance measures in place and data available to both the ADAA and jurisdictions, additional funding reallocations within jurisdictions will take place.

In FY 07 ADAA will monitor the results of the performance incentives in the statewide contracts. This experience will assist the ADAA in adding incentives for at least two performance measures in ADAA grants for FY 08. The preliminary thinking is to add retention and completion incentives for outpatient programs.

Legislative Issue 2:

DLS recommends that committee narrative be adopted requesting ADAA to work with the local drug and alcohol councils on the development of a funding formula for the distribution of locally awarded substance abuse treatment and prevention funding, a strategy and timetable for implementing that formula, and the funding changes required for implementation.

Response:

The issue of an equitable distribution of state prevention and treatment funds to jurisdictions is important and potentially contentious. The *2003 Joint Chairman's Report* (JCR) provides a detailed overview of the four funding methods currently in use and the actual allocation to each jurisdiction. The report also details the effect of applying a formula to redistribute allocations to each jurisdiction. Proposed allocations to each jurisdiction changed, in some cases, substantially,

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